

PERIODIC SPACE INSPECTION

BUILDING			AGENCY AND BUREAU INSPECTED		REGION NUMBER
NAME					
STREET ADDRESS			ROOM NUMBER OR OTHER IDENTIFICATION		
CITY		STATE	ZIP CODE		AGENCY REPRESENTATIVE CONTACTED
DATE(S) OF INSPECTION	BUILDING NUMBER		LEASE NUMBER (if applicable)		TOTAL SQUARE FEET (RENTABLE)

SUGGESTED INSPECTION ITEMS	FINDINGS
<p>1. SPATIAL FAIRNESS Functional needs of the users are being met Access to daylight and outside views Excessive or inadequate space</p> <p>2. HEALTHFULNESS Provide clean, fresh air free from harmful contaminants Provide water that is drinkable, clean restrooms Inadequate ingress or egress (fire safety corridors)</p> <p>3. FLEXIBILITY Support employee work/life balance Support easily reconfigured space for functional needs Excess office furniture and other equipment Shared conference facilities/meeting and team rooms</p> <p>4. COMFORT Adjustable lighting, ventilation, thermal control Ensure all furniture and lighting is ergonomically sound Create a secure place for all employees</p> <p>5. TECHNOLOGY CONNECTIVITY Enable full communication to data among co-workers Provide network access and support for remote workers Provide video teleconferencing in meeting/conference rooms</p> <p>6. RELIABILITY Provide training/written instructions building systems, equipment Natural and artificial lighting HVAC systems with effective ventilation Building systems security and access control</p> <p>7. SENSE OF PLACE Condition of interior space - design excellence - yes/no Appropriate image, demonstrates GSA brand, values, beliefs Condition of landscape/parking/building exterior Special conditions and/or problems</p>	<p><i>(Report on all items, FOR WHICH CORRECTIVE ACTION IS INDICATED, commenting on improper or inadequate conditions with a brief explanatory statement. Identify each comment by number or letter corresponding to inspection items on this form, if applicable.)</i></p>

COMPLETE THE FOLLOWING

A. TOTAL NUMBER OF EMPLOYEES	B. TOTAL NUMBER OF CONTRACTORS ASSIGNED	C. NUMBER OF REMOTE TELEWORKERS	D. NUMBER OF VACANT DESKS
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RECOMMENDED ACTION

GSA INSPECTOR	REVIEWED BY
SIGNATURE	SIGNATURE
NAME	NAME
TITLE	TITLE

